

Electronic Signature Model Policy

As we have written before, both AHCA and Medicare accept electronic signatures. For those HHAs that may wish to use electronic signatures, here is a model policy for consideration. Review and re-draft it to fit your own operations.

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ELECTRONIC SIGNATURES

POLICY: Individual authentication by electronic signature ensures that the document is unique to the author and represents authentication of the author.

PURPOSE: To ensure appropriately authenticated and dated electronic signatures via computer secure entry using a unique identifier in electronic documentation.

PROCEDURE:

I. Only individuals authorized to do so make entries in the _____ [Home Care Record].

A. The following individuals are authorized to make entries in the home care record:

1. The primary nurse and/or therapist assigned to the client;
2. The secondary/assessment nurse and/or therapist assigned to the client;
3. Quality Improvement Personnel/Clinical Manager;
4. Appropriate MIS personnel;
5. Director of Nurses or the DON's designee; and
6. Authorized transcriptionists engaged in data entry for our agency.

II. Authentication of the Electronic Signature is via a computer secure entry using a unique identifier composed of an operator number and password.

A. The operator number and password are assigned by the systems administrator or designee.

B. If the employee, at any time, feels that his/her assigned operator number or password has been jeopardized, the system administrator (or designee) shall be immediately notified and a new operator number and password assigned.

C. If, at any time, the employee allows his/her operator number or password to be used by another person, disciplinary action and loss of computer privileges may occur. Exception: When the operator number and password are needed to investigate computer malfunction by MIS or _____ [software vendor] personnel.

III. The Electronic Signature appears in the header as the last modifying employee and is auto-filled by the computer based upon the operator number and password used by the operator to enter into the _____ [clinical software program].

IV. If the visit record is being entered into the _____ [clinical software program] by an authorized transcriptionist, employee number and name will autofill as "Data Entered By" and the care provider's employee number and name will be entered into "Care Provider" at the bottom of each visit note.

V. After the form has been saved, the program will not allow any changes to be made to the form. Any late entry documentation to the form will be made in the addendum section and authenticated by that person's electronic signature.

VI. Any additions to the patient form will cause the form to be reprinted with the changing employee's name in the header as the last modifying employee and the addendum added to the form.

VII. Upon assignment of his/her operator number and password, the employee shall sign a Confidentiality Agreement which shall remain on file in MIS.

VIII. The System Administrator will keep a master copy of passwords and user numbers. When a staff person terminates employment with _____ [HHA], the Systems Administrator will eliminate his/her password.